U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

•			NATION 5 Ellect	V RECOI	# information 10 mg 10 mg	edon end	1	dere e ye	NO ON	control Number
AP	PLICATION AS FILE	D - PARTI					1/			1200
	(Column 1)									
FOR		(Catumn 2)	SMA	LL ENTI	TY	OR		CIHE	R THAN
BASIC FEE	NUMBERFLED	NUMBER EXT	0.				7		JAM	ENTIT
(37 CFR 1 16(4), (6), 00 (C))	NA		<u>~</u>	RATE	FE	E Gi	1	i		
SEARCH FEF	-	N/A	- 1	NA		0.00	1	RATI	EU	FEE
(37 CFR & 16(N) (1) or (m))	N/A	N/A		 	-1		1	HA	A	300.
EXAMINATION FEE			_	NA	\$ 2	250	1 1			
(37 CFR 1 10(0), (p), or (q))	N/A	'N/A						Nii	۱ ۱	\$500
TOTAL CLAMS D7 OFR 1 16(0)				NA	\$1	00		NA		****
NDEPENDENT CLAIMS	minus 20	• • -	- 11	X\$ 25			ŀ		l	\$200
37 OFR 1 16(1)		-	-			_ 1	OR	X\$50		
	, minus 3 =		- 11	X100			ŀ			
APPLICATION SIZE	If the specification an	id drawings exceed I	00		-		- 1	X200	•	
EF			ue		1	- 1	- 1			
37 OFR (16(4))	is \$250 (\$125 for sma additional 50 sheets of 35 U.S.C. 41(a)(1)(5)	ill entity) for each	- 1 1		1	i	- 1		- 1	
	35 U.S.C. 41(8)(1)(G)	And 37 CED 4 40	Be		1	- 1	- 1		- 1	
ULTIPLE DEPENDENT	CLAIM PRESENT (37 OFR	310 37 CFR 1.16(s)			[- 1	1		- 1	
The condition of	LAIM PRESENT (37 OFR	1.16())	- 11	+180=			-			
I the difference in column	I is less than zero, enter T					!	- 1	+360•	'	
	. A INST MEN 1610' GUIGI A	O' in column 2.		TOTAL	1		-		 	
APPLICAT	TON AS AMENDED .			·OIAC	L			TOTAL	- 1	
\sim	· AN HAIRINGED	- PART II			•		• •			
C & Y () I oral										
	Umm 1) "	0-1 -								
	ALLAC	Column 2) (Column :	3)	SMALL F	NTITY		OR	ОТН	ER T⊩	(A NI
, CI REM	LAIMS HI	GHEST		SMALLE	NTITY	·	OR	OTH SMAI	IER TH	AN TTY
CI REM A	LAIMS HI LAINING HI FTER PRE	IGHEST UMBER PRESENT VIOUSLY EXTRA		SMALL E	NTITY ADDI:	7		SMA	ER TH	AN TY
CI REM AMEN	LAIMS HI MAINING M FTER PRE MOMENT PA	GHEST			ADDI- TIONAL			OTH SMAI RATE (\$)	LL ENT	ADOI-
Total Or CFR 1.14(i)	LAIMS HI LAINING HI FTER PRE	IGHEST UMBER PRESENT VIOUSLY EXTRA		PATE (S)	ADDI- TIONAL FEE (S)			SMA	LL ENT	ADOI:
CI REM AMEN	LAIMS HI MAINING M FTER PRE MOMENT PA	IGHEST UMBER VIOUSLY ID FOR PRESENT EXTRA			ADDI- TIONAL	V		SMAI ATE (\$)	LLENT	ADOI-
Total OTER LIANI	AIMS AUNING FTER NDMENT PRE PAI Minus Minus	IGHEST UMBER PRESENT VIOUSLY EXTRA	XS	25 .	ADDI- TIONAL FEE (S)		xs	SMA(3A TE (\$)	LLENT	ADOI:
Total OTER 1.14: Independent OTER 1.14: Application Size Fee (3)	AIMS IAJNING FTER HOMENT PRE PA Minus TCFR 1.16(s))	IGHEST UMBER EVIOUSLY ID FOR TO TO THE TOTAL TO THE TOTA	XS	PATE (S)	ADDI- TIONAL FEE (S)	V	XS	SMA(3A TE (\$)	LLENT	ADOI:
Total OTER 1.14: Independent OTER 1.14: Application Size Fee (3)	AIMS IAJNING FTER HOMENT PRE PA Minus TCFR 1.16(s))	IGHEST UMBER EVIOUSLY ID FOR TO TO THE TOTAL TO THE TOTA	XS	25 .	ADDI- TIONAL FEE (S)	3 0	XS	SMA(3A TE (5) 50 _	LLENT	ADOI:
Total OTER 1.14: Independent OTER 1.14: Application Size Fee (3)	AIMS AUNING FTER NDMENT PRE PAI Minus Minus	IGHEST UMBER EVIOUSLY ID FOR TO TO THE TOTAL TO THE TOTA	XS X1	25 .	ADDI- TIONAL FEE (S)	3 0	XS X2	SMAI RATE (5)	LLENT	ADOI:
Total OTER 1.14: Independent OTER 1.14: Application Size Fee (3)	AIMS IAJNING FTER HOMENT PRE PA Minus TCFR 1.16(s))	IGHEST UMBER EVIOUSLY ID FOR TO TO THE TOTAL TO THE TOTA	X5 X1 +16	25	ADDI- TIONAL FEE (S)	3 0	XS X2	SMA(3A TE (5) 50 _	LLENT	ADOI:
Total OTER LIANII Independent OTER LIANII Application Size Fee Gi	AIMS IAJINING TER HOMENT PRE PA Minus TCFR 1.16(s))	IGHEST UMBER EVIOUSLY ID FOR TO TO THE TOTAL TO THE TOTA	XS X1 +10	25 . 100 .	ADDI- TIONAL FEE (S)	OF OR	X\$ X2 +3	SMA(SATE (5) 50 60=	LLENT	ADOI:
Total OTER LIANII Independent OTER LIANII Application Size Fee Gi FIRST PRESCRIPTION CO	AIMS AJINING TER HINDRENT PRE PA HINUS TCFR 1.16(s)) TCFR 1.16(s)) TCFR 1.16(s)	GHEST UMBER PRESENT EXTRA WID FOR	XS X1 +10	25	ADDI- TIONAL FEE (S)) 01 04	X\$ X2 +3	SMA(SATE (5) 50 : 00 : 60:	LLENT	ADOI:
Total AMEN Total OFFR LIGHT Independent OFFR LIANT Application Size Fee (3) FIRST PRESCRIPTION OF COMM	AIMS MAINING FTER NOMENT Minus T CFR 1.16(s)) TOTAL TIPLY, DELEVITY OF CALL TOTAL TIPLY	GHEST UMBER WOUSLY EXTRA OF OR (3) C/R 1,16(0) (4) (4) (4) (5) (5) (6) (6) (7) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	XS X1 +10	25 . 100 .	ADDI- TIONAL FEE (S)	OF OR	X\$ X2 +3	SMA(SATE (5) 50 60=	LLENT	ADOI:
Total AMEN Total OTCFR LIANII Independent	AIMS MAINING TTER HOMENT PRE PA Minus T CFR 1.16(s)) TOTAL THE COLUMN COLUMN INT 1) (COLUMN COLUMN COLUMN COLUMN INT 1) (COLUMN COLUMN CO	GHEST UMBER PRESEN EXTRA UD FOR (M) (3) C/R 1,16(j) (Lumn 2) (Column 3) HEST RESEN RESENT	X5 X1 +11 TOT, ADDO	25 . 100 . 80 AL L FEE 2	ADDI- TIONAL FEE (3)	OF OR	X\$ X2 +3	SMA(SATE (5) 50 60=	LLENT	ADOI:
Total OTER LIANII Independent OTER LIANII Application Size Fee (3) FIRST PERCONALITION OF (Column) COAM AFTR AMENDO	AIMS IAJINING FTER HOMENT PRE HOMENT PA Minus T CFR 1.16(s)) TOTAL 1101, DELEVIRED A CLA TOTAL 1101	GHEST UMBER PRESENT EXTRA UD FOR IM (3) UR 1.16(j)	X5 X1 +11 TOT, ADDO	25 . 100 = 80= AL L FEE 2	ADDI-	OF OR	X\$ X2	SMA(RATE (S) 50 = 00 = 60= AL L FEE	LLENT	ADOI- MONAL TEE (3)
Total AMEN Total OTCFA LIGHT Independent OTCFA LIGHT Application Size Fee (3) Column Column Application Size Fee (3) Column Column AFT AMEND	AIMS AAINING TER PRE PA Minus 7 CFR 1.16(s)) 7 CFR 1.16(s)) 7 CFR 1.16(s) Minus 7 CFR 1.16(s) Minus 7 CFR 1.16(s)	GHEST UMBER PRESENT EXTRA UD FOR IM (3) UR 1.16(j)	X5 X1 +11 TOT, ADDO	25	ADDI- TIONAL TORAL TORAL TORAL	OF OR	X\$ X2	SMA(SATE (5) 50 60=	AL	ADDI. RIONAL FEE (3)
Total Application Size Fee (3) FIRST PRESSUR FROM CLAIR (COAUM) (COAUM)	AIMS AJINING TER HOMENT PA Minus CFR 1.16(s)) CONTROL DELEVATION TO THE PA MINUS	GHEST UMBER PRESENT EXTRA UD FOR IM (3) UR 1.16(j)	X	25	ADDI- TIONAL FEE (3) ADDI- TIONAL EE (3)	OF OR	X\$ X2	SMAI RATE (S) 50 = 60= AL L FEE	AL	ADOI. FEE (3)
Total AMEND COLUMN AMEND COLUMN AMEND TOTAL LIGHT AMEND TOTAL LIGHT AMEND TOTAL LIGHT AMEND TOTAL LIGHT AMEND TOTAL LIGHT.	AIMS AJINING TER PRE PA JOHENT Minus CFR 1.16(s)) CONTROL DELEVATION TO THE PA MINUS MIN	GHEST UMBER PRESENT EXTRA UD FOR IM (3) UR 1.16(j)	XS X1	25	ADDI- TIONAL TORAL TORAL TORAL	OF OR	X\$ X2	SMAI RATE (S) 50 = 60= AL L FEE	AL	ADDI. RIONAL FEE (3)
Total AMEND COLUMN AMEND COLUMN AMEND TOTAL LIGHT AMEND TOTAL LIGHT AMEND TOTAL LIGHT AMEND TOTAL LIGHT AMEND TOTAL LIGHT.	AIMS AJINING TER PRE PA JOHENT Minus CFR 1.16(s)) CONTROL DELEVATION TO THE PA MINUS MIN	GHEST UMBER WOUSLY EXTRA IM (3) C/R 1.16(j)	XS X1	25	ADDI- TIONAL FEE (3) ADDI- TIONAL EE (3)	OR OR	+3 TOT: ADO RA X\$50	SMAI SATE (\$) 50 60= AL L FEE	AL	ADDI. RIONAL FEE (3)
Total Application Size Fee (37) FIPST PROSED TOTAL COMM APPLICATION COMM APPLICATION COMM AFTR AMEND Total Total Total TOTAL TOTAL TOTAL AMEND TOTAL AMEND TOTAL AMEND TOTAL TOTAL TOTAL AMEND TOTAL	AIMS AUNING TER HOMENT PA Minus T CFR 1.16(s)) CONTROL DEFENDER CONTROL MINUS MINUS MINUS MINUS MINUS MINUS MINUS MINUS MINUS FR 1.16(s))	GHEST UMBER WOUSLY EXTRA IM (3) C/R 1.16()) Im (3) C/R 1.16()) Im (3) C/R 1.16() Im (4) C/R 1.16() Im (4) C/R 1.16() Im (4) C/R 1.16() Im (5) C/R 1.16() Im (5) C/R 1.16() Im (6) C/R 1.16() Im (XS X1	25	ADDI- TIONAL FEE (3) ADDI- TIONAL EE (3)	OF OF OR	X\$ X2	SMAI SATE (\$) 50 60= AL L FEE	AL	ADDI. RIONAL FEE (3)
Total Application Size Fee (37) FIPST PROSED TOTAL COMM APPLICATION COMM APPLICATION COMM AFTR AMEND Total Total Total TOTAL TOTAL TOTAL AMEND TOTAL AMEND TOTAL AMEND TOTAL TOTAL TOTAL AMEND TOTAL	AIMS AUNING TER HOMENT PA Minus T CFR 1.16(s)) CONTROL DEFENDER CONTROL MINUS MINUS MINUS MINUS MINUS MINUS MINUS MINUS MINUS FR 1.16(s))	GHEST UMBER WOUSLY EXTRA IM (3) C/R 1.16()) Im (3) C/R 1.16()) Im (3) C/R 1.16() Im (4) C/R 1.16() Im (4) C/R 1.16() Im (4) C/R 1.16() Im (5) C/R 1.16() Im (5) C/R 1.16() Im (6) C/R 1.16() Im (XS X1	25	ADDI- TIONAL FEE (3) ADDI- TIONAL EE (3)	OR OR	+3 TOT: ADO RA X\$50	SMAI SATE (\$) 50 60= AL L FEE	AL	ADDI. RIONAL FEE (3)
Total Application Size Fee (37) FIPST PROSED TOTAL COMM APPLICATION COMM APPLICATION COMM AFTR AMEND Total Total Total TOTAL TOTAL TOTAL AMEND TOTAL AMEND TOTAL AMEND TOTAL TOTAL TOTAL AMEND TOTAL	AIMS AJINING TER PRE PA JOHENT Minus CFR 1.16(s)) CONTROL DELEVATION TO THE PA MINUS MIN	GHEST UMBER WOUSLY EXTRA IM (3) C/R 1.16()) Im (3) C/R 1.16()) Im (3) C/R 1.16() Im (4) C/R 1.16() Im (4) C/R 1.16() Im (4) C/R 1.16() Im (5) C/R 1.16() Im (5) C/R 1.16() Im (6) C/R 1.16() Im (XS X1	25	ADDI- TIONAL FEE (3) ADDI- TIONAL EE (3)	OR OR	X\$ X2	SMA(SATE (S)) 50 :	AL	ADDI. RIONAL FEE (3)
Total OTER LIGHT Independent OTER LIGHT Independent OTER LIGHT Application Size Fee (3) FIRST PRESENTATION OF ME COLUMN	AIMS AAINING TER PRE PRE PRE PA Minus CFR 1.16(s)) COMMS MINUS MINUS	GHEST UMBER VOOUSLY EXTRA VID FOR (M (3) C/R 1, 16(0))	XS X1	25	ADDI- TIONAL FEE (3) ADDI- TIONAL EE (3)	OR OR	+3 TOT: ADO RA X\$50	SMA(SATE (S)) 50 :	AL	ADDI. RIONAL FEE (3)
Total AMENON Total AMENON TOTAL LIGHT TOTAL AMENON TOTAL AMENON TOTAL AMENON TOTAL LIGHT T	AIMS AUNING FTER PRE	GHEST UMBER PRESENT EXTRA JO FOR (3) CFR 1.16(j) Lumn 2) (Column 3) HEST BOUSLY FOR (27 CFR 1.16(j))	XS X1	25	ADDI- TIONAL FEE (3) ADDI- TIONAL EE (3)	OR OR	X\$ X2 X2 X3 TOT. ADD X4	SMAI SATE (\$) 50 60 AL FEE TE (\$)	AL	ADDI. RIONAL FEE (3)
Total AMEN Total AMEN COMMENT Total AMEND Total AMEND TOTAL LIQUID TOT	AIMS AUNING TER HOMENT PA Minus T CFR 1.16(s)) CONTROL DEFENDER CONTROL MINUS MINUS MINUS MINUS MINUS MINUS MINUS MINUS MINUS FR 1.16(s))	GHEST UMBER WOUSLY EXTRA IM (3) C/R 1.16(1) Iumn 2) (Cotumn 3) HEST BER FOR 3 4 CAT CFR 1.16(1)	XS 2 X10 +180 TOTAL ADDL F	25	ADDI- TIONAL FEE (3) ADDI- TIONAL EE (3)	OR OR OR	X\$ X2	SMAI SATE (\$) 50 60 AL FEE TE (\$)	AL	ADDI. RIONAL FEE (3)

The Highest Number Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1.

The Highest Number Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1.

PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. PTO to process) an explication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, taking gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.